


Entered - 08/01/00 - sb  
CL - 00L0467 - GWENDOLYN BURNS

CLAIM OF: Edward R. Watson  
5225 Scofield Road  
College Park, GA 30349

00-*R*-1818

For property damages alleged to have been sustained when a tree fell  
on claimant's fence on July 11, 2000 at 5225 Scofield Road.

THIS ADVERSED REPORT IS APPROVED

BY:   
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0467

Date: November 2, 2000

Claimant /Victim EDWARD R. WATSON

BY: (Atty) (Ins. Co.) \_\_\_\_\_

Address: 5225 Scofield Road, College Park, Georgia 30349

Subrogation: \_\_\_\_\_ Claim for Property damage \$ 502.00 Bodily Injury \$ \_\_\_\_\_

Date of Notice: 7/20/00 Method: Written, Proper X Improper \_\_\_\_\_

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 7/11/00 Place: 5225 Scofield Road

Department PARKS, RECREATION & CULTURAL AFFAIRS Division PARKS

Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

NATURE OF CLAIM: Claimant alleges that a tree, located on city property, fell on his fence causing damage. An investigation determined that the Parks Division has no record of receiving any complaint or of performing any type of tree work at the incident location. Further investigation determined that a storm occurred the morning of the incident causing the tree to fall. The City is immune from liability as set forth in O.C.G.A. §36-33-1.

INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_

Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report X Other X

Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial \_\_\_\_\_

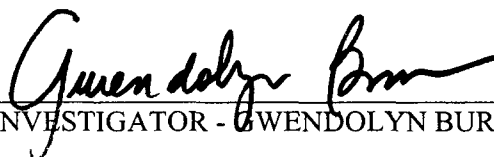
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other X Damages reasonable \_\_\_\_\_

City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_

Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_

Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_

Claims Manager:  Concur/date 11-22-00

Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 7/18/2000

ENTERED - 8-1-00 - SB  
00L0467 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 423.00 TO 502.00 property and/or \$ \_\_\_\_\_ bodily injury for which I contend the City is liable.

1. Date of incident: 7/11/2000 (month/day/year) 2. Time of Incident: 3PM TO 7:PM 3. Police called: Yes ☒ No ☐
4. Location of incident (including street address): 5225 SCHOFIELD RD. COLLEGE PARK. 30349
5. Name of your insurance company: State Farm Policy No. 0363-6049-27
6. State what and how incident occurred: during a rain and wind storm.  
a dead, but solid tree on City of Atl. property  
fell on my fence.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: \_\_\_\_\_  
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: \_\_\_\_\_  
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: \_\_\_\_\_  
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Edward R. Watson  
Signature of Claimant

EDWARD R. WATSON  
(Print Claimant's Name)

5225 SCOFIELD  
~~SCHOFIELD~~ RD.  
(Address)

COLLEGE PARK, GA. 30349  
(City, State and Zip Code)

404-767-4944  
(Work Number) (Home Number)

00- R -1818